

63-044773

Registration District No. \_\_\_\_\_

Primary Registration District No. 3819

Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

044779

**AMENDED**

VS 300  
Rev. 4/59

16710

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240-2

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**USE BLACK INK**

**OR**

# TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**DATE AMENDED**

**INSTEAD OF**

### SHOULD READ

ITEM NO.

**DOCUMENT**

**MEDICAL CERTIFICATION**

**BY AFFIDAVIT OF**

Registration District No. 266 Primary Registration District No. 5819 Registrar's No. 871 STATE FILE NUMBER 044779

**FILED DEC 3 1963**

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		c. CITY OR TOWN <u>Versailles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Mile South Versailles</u>		d. STREET ADDRESS (If outside, give location) <u>4 Mile South</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Elgin</u> Last <u>Willard</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-20-13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		9. AGE (last birthday) <u>50</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ray County, Mo.</u>	
13a. FATHER'S NAME <u>Mark Willard</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Paul</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs Ellen Paul Chillicothe, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paresis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
DUE TO (b) <u>Coronary Failure</u>		<u>3 Days</u>	
DUE TO (c) <u>Myocardial Infarction</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:00</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Stover, Mo.</u>		20g. COUNTY <u>Morgan</u>
21. I attended the deceased from <u>11/24/63</u> to <u>11/25/63</u> and last saw her/him alive on <u>11/24/63</u> Death occurred at <u>2:00</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Stover, Mo.</u>	
22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>Stover, Mo.</u>	22c. DATE SIGNED <u>11/26/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>29 Nov. 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-29-63</u>	
26. REGISTAR'S SIGNATURE <u>[Signature]</u>		27. DATE <u>11-29-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Raymond C. Foster*

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.